Letter from LTG Kiley

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCCG

23 OCT 2006

MEMORANDUM FOR

Commanders, MEDCOM Major Subordinate Commands
Directors, OTSG/MEDCOM OneStaff

SUBJECT: Prevention of Drunk Driving – Breathalyzer Pilot Project

1. I am launching a Breathalyzer Pilot Project (BPP) within MEDCOM to support the Army Chief of Staff's Safety and Occupational Health Strategic Plan. By 31 December 2006 I want every MEDCOM Soldier and civilian employee to receive a personal breathalyzer device and training on the significant impact of alcohol on driving abilities.

2. The breathalyzers will be sent to you through our medical logistics channels within the next two weeks. A training video and briefing are available on the AMEDD Center and School website at: http://www.cs.amedd.army.mil/medcomsafety/index.asp.

3. Although these breathalyzers can be used to measure breath alcohol content, their sole purpose is to serve as a constant reminder not to drink and drive. We will not provide filter refills or replacement breathalyzers.

4. To assess the effectiveness of this initiative, I want you to report the number of personnel who received the breathalyzer and training as well as the number of driving-under-the-influence (DUI) or driving-while-intoxicated (DWI) citations in your command from 1 January 2006 to 30 June 2006. Later, we will compare the data to the DUI and DWI rates for the same time period in 2007. Please provide the requested program information to Mr. Larry Whisenant, larry.whisenant@amedd.army.mil. Suspense for this action is 12 January 2007.

5. Thank you for your support on this important initiative.

KEVIN C. KILEY
Lieutenant General, MC
Commanding

US Army MEDICAL COMMMAND
Breathalyzer Pilot Project
Concept of Operations
Breath Alcohol Indicator/Detector
Efficacy Pilot

LTG KEVIN KILEY
COMMANDER, U S ARMY MEDICAL COMMAND

29 August 2006

OBJECTIVES

- Improve command information awareness
- Validate command guidance
- Promote behavior modification
- Prevent substance abuse
- Improve command safety and force health protection

Disclaimer

These devices are being distributed for the sole purpose of serving as a reminder not to drink and drive. The Department of the Army accepts no liability for the accuracy of these devices. The Department of the Army does not encourage recipients of these uncalibrated devices to use or rely on them for a "legal" readout of their blood alcohol level.

Employment

- Serve as an educational tool to enhance Commander's Prevention of Drunk Driving Campaign
- Use to spot light the potential detrimental effects alcohol abuse has on "Good Order and Discipline" (screening tool)
- Serve as a reminder not to drink and drive

Breathalyzer Employment Strategy

- **Commander or designated representative will control the distribution and use of the breathalyzer to:**
  - **Aid Commanders in their Prevention of Drunk Driving Campaign**
  - **Emphasize safe behavior**
  - **Reinforce that alcohol often plays a big role in vehicle accidents and fatalities**
  - **Keep the concept of when, how, where, and how much an individual drinks on the forefront of everyone's mind**
  - **Allow the Commanders flexibility in the size of the breathalyzer pilot program based upon Army mission changes**
  - **Outreach**

Breathalyzer Target Audience

- **MEDCOM PERSONNEL STRENGTH**

  Estimate 59,000 (military – 24,392 & civilian – 34,441)

- **Worldwide Distribution – down to the Medical Department Activity level – see map**

Target Audience

UNITED STATES ARMY MEDICAL COMMAND

Regional Medical Commands

Regional Dental Commands
Regional Veterinary Commands*

MEDCOM Headquarters
Fort Sam Houston, TX

Major Subordinate Commands
AMEDD Center and School, Fort Sam Houston, TX
U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM), Aberdeen Proving Ground, MD
U.S. Army Dental Command (DENCOM), Fort Sam Houston, TX
U.S. Army Medical Research and Materiel Command (MRMC), Fort Detrick, MD
U.S. Army Veterinary Command (VETCOM), Fort Sam Houston, TX

U.S. Army Medical Centers/RMC Headquarters & Collocated Dental Activities (DENTACs)

Brooke AMC, Fort Sam Houston, TX	(Great Plains RMC)
Dwight D. Eisenhower AMC, Fort Gordon, GA	(Southeast RMC)
Landstuhl RMC, Germany	(Europe RMC)
Madigan AMC, Fort Lewis, WA	(Western RMC)
Tripler AMC, Honolulu, HI	(Pacific RMC)
Walter Reed AMC, Washington DC	(North Atlantic RMC)
William Beaumont AMC, Fort Bliss, TX	(no RMC)
Womack AMC, Fort Bragg, NC	(no RMC)

Installations
Fort Detrick, MD
Walter Reed AMC, Washington, DC

**Regional Veterinary Commands partially vary from these boundaries in order to better support VETCOM's worldwide Department of Defense mission.*

Medical Department Activities (MEDDACs) & Equivalents, with Collocated Dental Activities (DENTACs) or Clinics

Alaska (Fort Wainwright)
Fort Belvoir, VA
Fort Benning, GA
Fort Campbell, KY
Fort Carson, CO
Fort Drum, NY
Fort Eustis, VA
Heidelberg, Germany
Fort Hood, TX
Fort Huachuca, AZ
Fort Irwin, CA
Fort Jackson, SC
Japan (Camp Zama)
Fort Knox, KY
Fort Leavenworth, KS
Fort Lee, VA
Fort Leonard Wood, MO
Fort Meade, MD
Fort Monmouth, NJ
Fort Polk, LA
Redstone Arsenal, AL
Fort Riley, KS
Fort Rucker, AL (U.S. Army Aeromedical Center)
Fort Sill, OK
Fort Stewart, GA
U.S. Military Academy, West Point, NY
Wuerzburg, Germany

Implementation Plan

- **Commanders will collect data and report thru command channel to the MEDCOM Commander the effectiveness of the pilot program and potential for future uses**
- **The MEDCOM Commander in coordination with Director of Army Safety & DASA (ESOH) will report lesson learned to the DSOC and other Services on how to improve safety**

Metrics- Measures of Success

- **Determine a six month baseline period in FY 06 alcohol related incidents and mandatory referrals to the Army Substance Abuse Program (ASAP)**
- **Compare FY 06 numbers to the same six month period in FY 07**
- **Measures of Success:**
  - **Decrease in alcohol related incidents and**
  - **Decrease in mandatory referrals to ASAP**

MEDCOM Breathalyzer Pilot Program

MEDCOM CONOPS is subject to change by the Army Surgeon General/MEDCOM Commander contingent upon the needs of the Army and the Army Medical Departments Mission

ONE DRINK TOO MANY

Alcohol-related Crashes Are The #1 Cause Of Death Among Americans Between Ages 18 And 30.

PART I
THE FACTS ABOUT
DRINKING AND DRIVING:
HOW IT AFFECTS YOU
AND THOSE AROUND YOU

.08 Law of the Land

AS OF JULY 2004, ALL U.S. STATES HAVE .08 BAC LAWS

Why .08 BAC?

In single vehicle crashes, the relative fatality risk for drivers with BACs between .05 and .10 is over 11 times greater than for drivers with a BAC of zero.

BAC Limit Saves Lives!

As your Blood Alcohol Content level rises, so does your risk of being involved in a fatal crash.

Sources: National Highway Traffic Safety Administration and National Safety Council

Driving Under the Influence

THE LAW

Legal drinking age: 21 years
Level of blood alcohol content for DUI: .08
DUI conviction of military personnel: If
charged at a court martial, the penal
could result in a dishonorable discharg
forfeiture of all pay and allowances, an
confinement

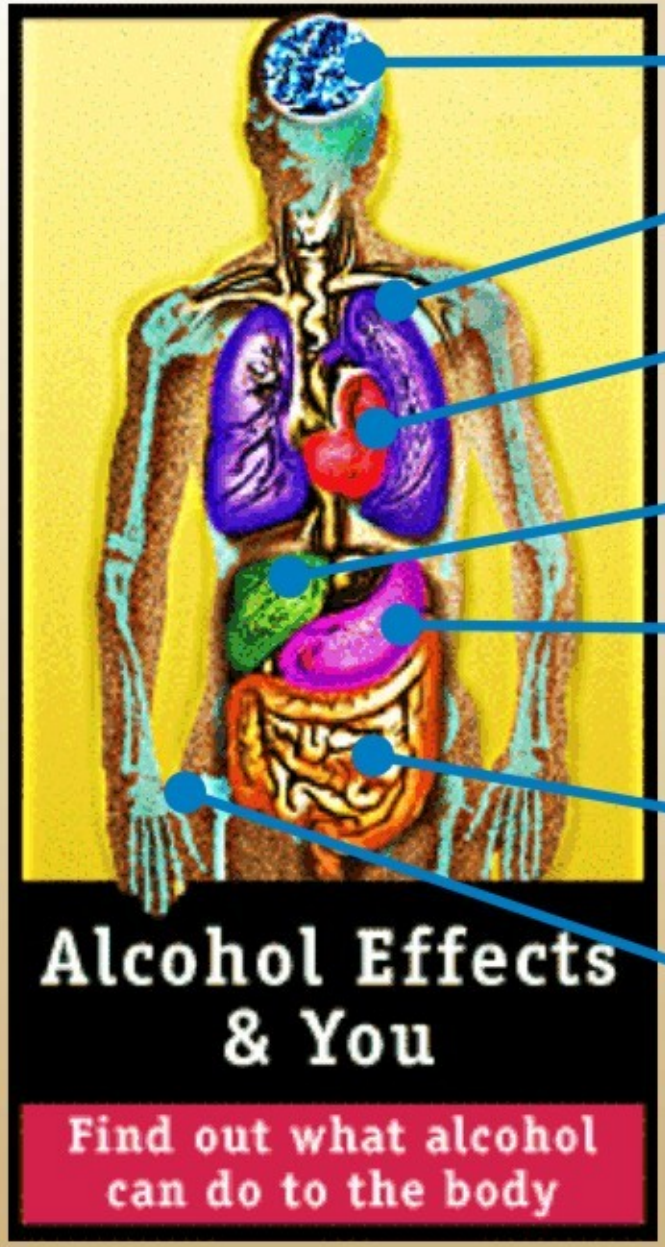
INEXPENSIVE ALTERNATIVES

Call a taxi cab: $30 - $50
Get a hotel room: $50 - $100
Call a friend/co-worker/supervisor: **FREE**
Use command sponsored SAFE Ride card: **FR**

MAKING THE SMART CHOICE

Knowing you did not risk your life or the life of an innocent victim of a DUI-related accident: **PRICELESS!**

Alcohol Effects & You



BRAIN. Impaired brain function

LUNGS. Infection; breathing can stop

HEART. Irregular heart beat

LIVER. Alcoholic hepatitis and cirrhosis

STOMACH. Stomach irritation, peptic ulcers, bleeding lesions, and cancer

INTESTINES & PANCREAS. Intestinal tract & colon damage, inflammation, ulcers, and cancer; inflamed pancreas

BONES & MUSCLES. Weaker and thinner bones (osteoporosis); weaker and uncoordinated muscles

Source: VA ABC Department

Myths & Facts

Myth: "I know when I'm too drunk to drive."

Fact: Your driving skills can be seriously compromised even when your behavior is not observably "drunk."

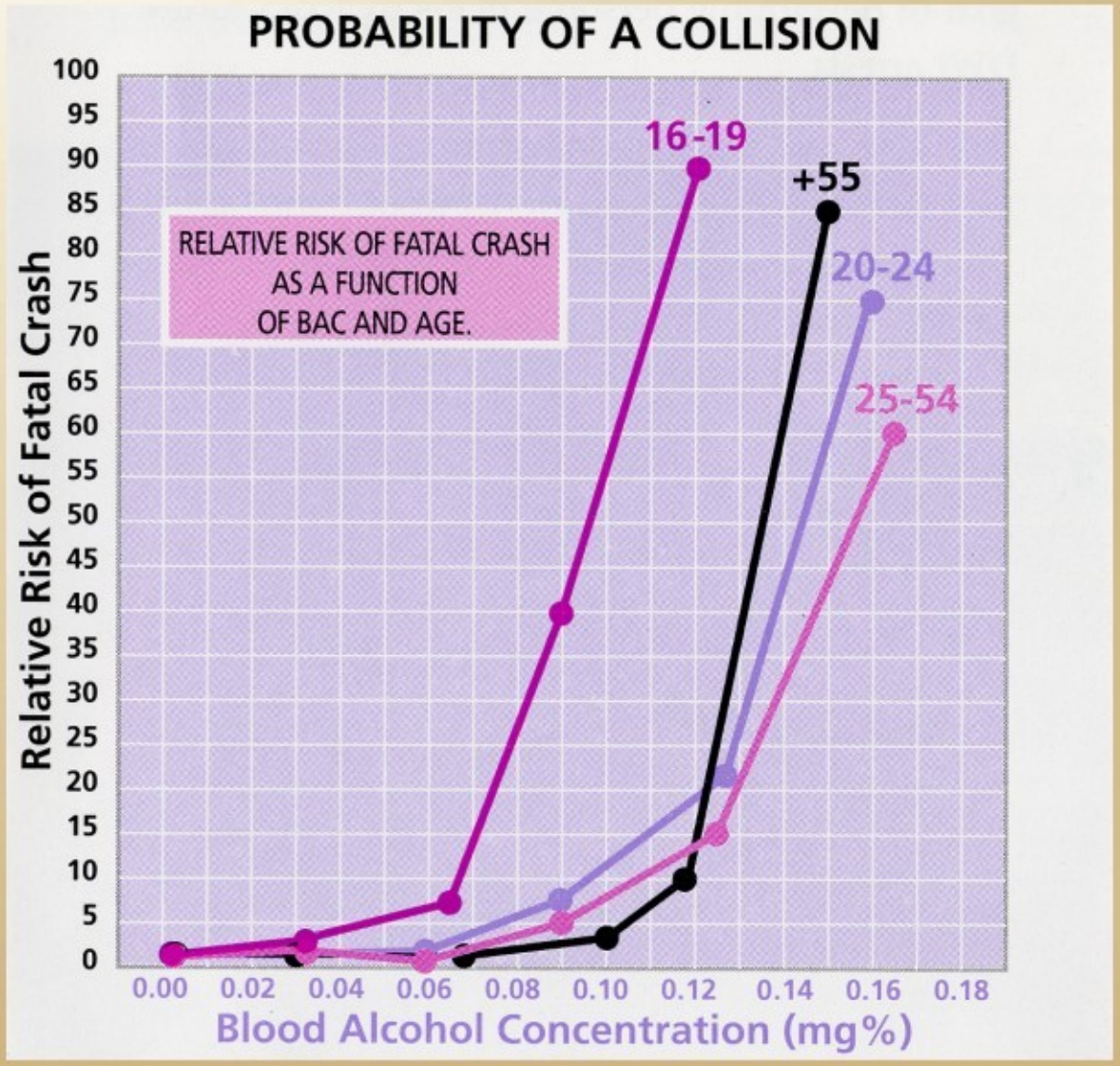
Myth: "I only had one drink."

Fact: One drink can be one too many, since alcohol absorption starts immediately. Several factors such as strength of drink, rate of consumption, body size/weight, food, gender, and drug use can affect the outcome of even one drink.

Myth: "Black coffee and fresh air will sober me up."

Fact: All the age-old remedies - black coffee, cold showers, fresh air, and exercise - are useless. Only time will sober you up.

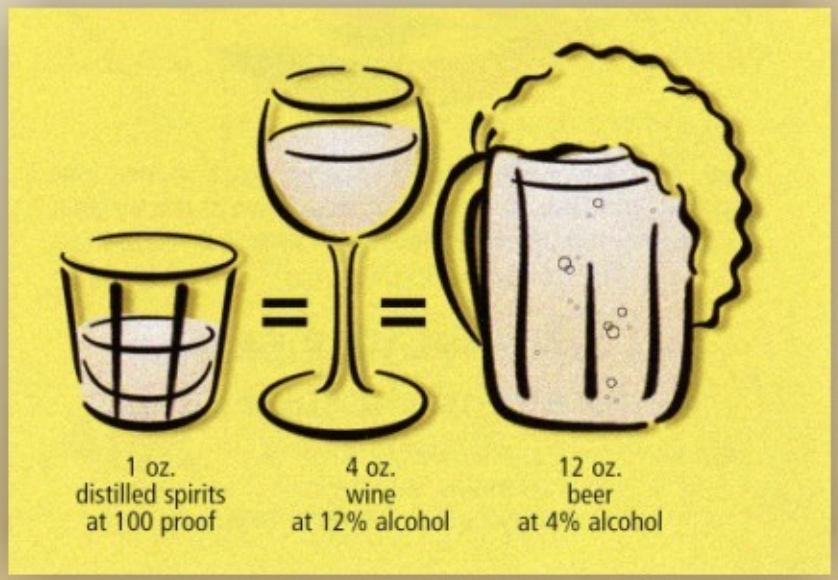
Probability of a Collision



The greater the blood alcohol concentration, the greater the risk of being involved in a fatal crash.

Source: AAA Traffic Safety Department

Do You Know How Much You Are Drinking?



One oz. of distilled spirits, one 4 oz. glass of wine, one 12 oz. beer all contain the SAME amount of alcohol.

A drink with 80-proof liquor would contain 40% PURE alcohol.

A woman who consumes 2 oz. of liquor will experience about the SAME effects as a man who consumes 4 oz.

Sources: VA ABC Department & AAA Traffic Safety Department

IMMEDIATE COST:

Towing	$100
Lawyer	$3,500
Fine	$400
Alcohol Education Course	$100
Court Fees	$400

LONG-TERM COST:

Insurance Surcharge	$1,500
License Re-instatement	$1,000

TOTAL MONETARY COST: $7,000

Charges and fees vary by state.

OTHER COST:

Impact on career and personal embarrassment to family and friends.

Source: Community Traffic Safety Team

A Deadly Combination

+

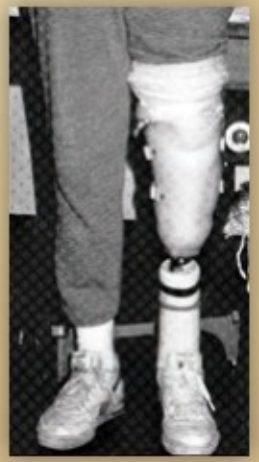
=

Drinking while fatigued will compound the effects of alcohol and contribute to an individual's level of impairment.

If You Survive A DUI-Related Crash & Live...

CRUTCHFIELD TONGS ARE SCREWED DIRECTLY INTO THE SKULL TO PREVENT MOVEMENT.

A TRACTION BED PREVENTS SORES.



These devices are often used in the emergency department to repair the ravages of drinking and driving crashes.

AN ARTIFICIAL LIMB REPLACES AN AMPUTATED LEG.

Source: Emergency Nurses Care, Inc. (Affiliate of Emergency Nurses Association)

PART II

True Stories:
How drinking and driving
shattered lives of people lik

Alcohol, Van, & Speed Don't Mix

Service member was traveling north when his 2000 Chevrolet van ran into the median, struck a street sign and continued into the southbound lanes. The van continued up onto the curb and collided with a brick sign.

Alcohol, Van, & Speed Don't Mix

The driver had to be cut out of the vehicle. Member had a torn aorta with an open wound to the knee and thigh. The member underwent surgery and remained in critical condition. A second surgery followed to amputate the left leg at the knee due to the onset of gangrene.

Member passed away seven days after the crash.

Alcohol, Van, & Speed Don't Mix

Although the service member was wearing safety restraint, the impact of the crash and the injuries sustained contributed to a loss of life.

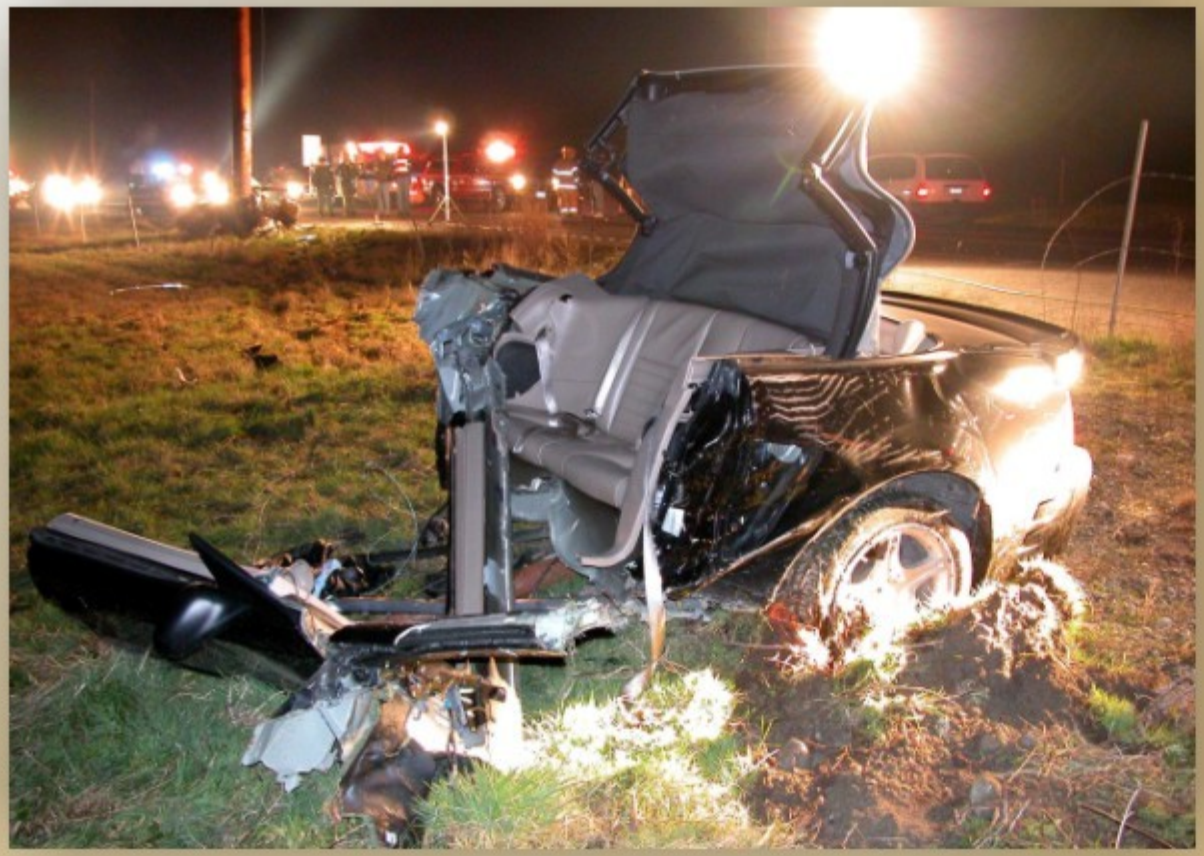
Unsafe at High Speed

This mishap involved a Ford Mustang that may have been racing. This is the front end which was crunched down to two to three feet after wrapping around a power pole.

Unsafe at High Speed

Four service members were in this vehicle.
The state toxicology determined the operator's BAC at the time of the mishap was more than twice the legal limit of .08.

Unsafe at High Speed



The front-seat passenger, who sustained non-life threatening injuries, was ripped out of the seat and dragged with the rear-end of the wreckage. The rear half of the car, with two passengers seat belted in along with the front-seat passenger, traveled through a barbed wire fence and approximately 100 feet across a grass field before coming to rest.

National Statistics

Two out of every five people will be involved in an alcohol related Accident in their life time.

In 2004, alcohol was a contributing factor in 39% of all motor vehicle fatalities.

Everyday 35 people die in alcohol related crashes.

One person is injured every 2 minutes in alcohol related crashes

Source: National Highway Traffic Safety Administration

Too Young To Die

Here Lies Someone's Son, Daughter, Mother, Father or Friend

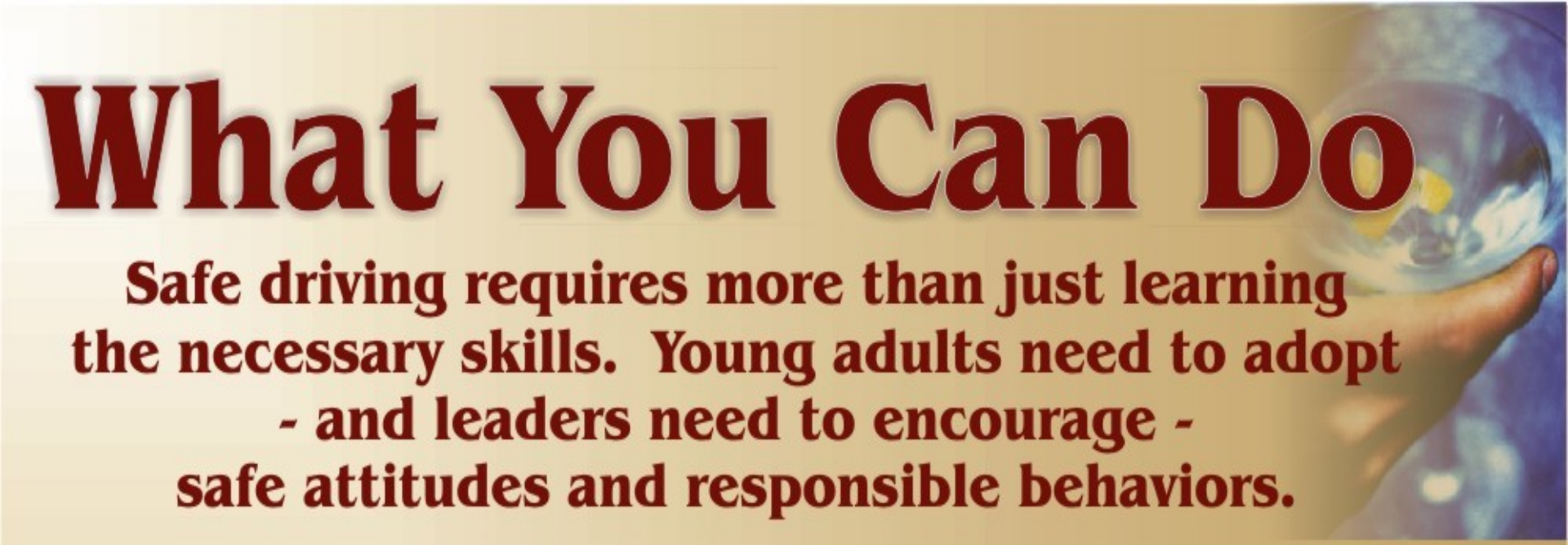
How To Spot A Drunk Driver

When a drunk driver is on the road, we are all at risk...

Warning signs to look for while you are driving:

- Drifting, weaving, or hitting curbs
- Speeding or driving too slowly
- Giving inconsistent signals
- Breaking erratically
- Stopping for no apparent cause
- Driving with the window rolled down in cold weather
- Tailgating and passing dangerously close to other cars
- Making wide turns and hitting objects near the road

What You Can Do



Safe driving requires more than just learning the necessary skills. Young adults need to adopt - and leaders need to encourage - safe attitudes and responsible behaviors.

- Adopt a None for the Road campaign at your command.
- Designate a "duty" driver when going out with friends.
- Ask to spend the night if at a home party.
- Do not give in to peer pressure. Use best judgment.
- Call for a ride or set up a Taxi Ride program.
- Serve non-alcoholic drinks at your party.

Make It A Great Party!

A Host's Guide to Good Times and Good Friends

When serving alcoholic beverages, serve food.

Offer non-alcoholic beverages.

Serve each guest one drink at a time.

Serve "measured" drinks.

Stop serving alcohol at least one hour before the party ends.

Help your guests get home safely.

Courtesy of Anheuser-Busch, Inc., O'Doul's Malt Beverage

Visit The Combat Readiness Center And MEDCOM Safety Websites for More Resources

https://crc.army.mil/home/

http://www.cs.amedd.army.mil/medcomsafety/index.asp.

Click here and view the Drinking & Driving Video Now!

Make Composite Risk Management Your